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CONFIRMATION NO. 1307

Bib Data Sheet

SERIAL NUMBER 09/980,263	FILING DATE 03/21/2002  RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 2391-00101	
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> SLW Examiner's Signature Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 11	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
<p>ADDRESS</p> <p>Kenneth I Kohn Kohn &amp; Associates 30500 Northwestern Highway suite 410 Farmington Hills , MI 48334</p>					
<p>TITLE</p> <p>Novel uses of antibodies against ache and peptides thereof</p>					
FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )		